

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/937547

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	1	↓	1	↓		↓						↓
TOTAL DEP.	8	↓	8	↓		↓						↓
TOTAL CLAIMS	9		9									
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TOTAL IND.		↓		↓		↓						↓
TOTAL DEP.		↓		↓		↓						↓
TOTAL CLAIMS												

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS